Flexible Spending Account Annual Expense Worksheet

Estimating your annual out-of-pocket health care and dependent care expense will help you to determine your contribution amount(s).

Please refer to your enrollment material to determine the Health Care Flexible Spending Account (FSA) maximum amount that you can contribute to your Health Care FSA. For Dependent Care (Daycare) FSA, you may elect any amount up to an annual maximum of $5,000 per family (if you are head of household or married and file a joint tax return) or $2,500 (if you are married and file a separate tax return).*

Your employer may provide a contribution to either the Health Care FSA or your Dependent care FSA (not both). If your employer is contributing to either FSA, this amount must be subtracted from the annual maximum allowed for either account.

Health Care Flexible Spending Account

Please refer to the enrollment material for:
1) A summary list of qualified medical expenses eligible under your employer's plan; and
2) A definition of your eligible dependents(s) for whose expenses may be reimbursable under you employers plan.

For a full description of the FSA plan, refer to your employer-provided summary plan description.

Annual Medical Expenses, such as:

Deductibles, coinsurance and co-payments	$ _____
Routine physical exams	$ _____
Well-baby care	$ _____
Hearing exams, hearing aids	$ _____
Prescription drugs	$ _____
Other eligible expenses	$ _____

Dental expenses, such as:

Gold fillings, crowns, fixed bridge or other	$ _____
restorative expenses	$ _____
Treatment exceeding your plan's limits	$ _____

Vision care expenses, such as:

Exams	$ _____
Eyeglasses, contact lenses	$ _____

Other estimated health-related expenses that may exceed your plan's limits

Outpatient psychiatric care	$ _____
Therapy	$ _____
Estimated Annual Expenses Subtotal	$ _____
Minus Employer Contribution (if any)	$ _____

Dependent Care (Daycare) Flexible Spending Account

You can use the Dependent Care FSA to help pay your expenses for nursery school or daycare for younger children, disable older children, a spouse, an elderly parent or a disabled parent who lives with you full-time.
Each person must meet the definition of a "qualifying" child or dependent under the IRS Child and Dependent Care Credit guideline [i.e., an eligible child must be under age 13 (unless disabled and has less than $3,000 gross income) when care was provided and claimed as a dependent on your tax return].

Annual Dependent Daycare Expenses for:

Day Care Center (s) for Child Care	$ _____
In-home Care for Child Care	$ _____
Nursery and Pre-school	$ _____
Before/After School Care	$ _____
Au Pair Services	$ _____
Summer Day Camps	$ _____
Day Care Center for Elder Care	$ _____
In-home Care for Elder Care	$ _____
Estimated Annual Expenses Subtotal	$ _____
Minus Employer contribution (of any)	$ _____

Estimated Health Care FSA Contribution This is the estimated amount you may want to contribute to your health care FSA. This amount cannot exceed the annual Health Care FSA maximum amount.	**$**	**Estimated Dependent Care FSA Contribution** This is the estimated amount you may want to contribute to your Dependent Care FSA. This amount cannot exceed the annual Dependent Care FSA maximum amount.	**$**

*Special lower limits exist for spouses who are full-time students. Please contact your benefits representative for guidance.